wards, and rising 1½‴ above the surface of the cornea. The greater part of the tumour appeared to spring from the deeper layers of the cornea, the smaller portion on the outer side passing insensibly into the adjacent scleral surface. Numerous vessels passed from the highly congested conjunctiva to the surface of the growth, especially one large vein from the inner side. The patient stated that he had experienced but little pain in the eye, and that the growth was but slightly sensitive to the contact of a foreign body, such as a fine probe. The portion of the cornea unobscured by the tumour was nebulous and highly vascular, and at its upper end and outer part adherent to the upper lid, which was very much thickened and congested, and its palpebral surface roughened by minute fungoid elevations having the character of surgical granulations. The visual power of the eye was reduced to mere quantitative perception of light. When last seen, on January 17, 1865, the eye appeared to have undergone little general change, excepting that the conjunctiva was more vascular, the growth larger in all its dimensions, and its apex flatter, softish, uneven, and of a dirty white colour (ulcerated); numerous large tortuous vessels running to it, and ramifying over its surface. The protrusion of the growth between their edges prevented the complete closure of the lids. The upper lid was considerably thickened at its margin, and projecting from its under surface, moving freely upon the cornea, were two lobular fleshy growths, each measuring about 1½‴ in length. Three cases of cancroid of the cornea (an affection which Mr. Laurence said is by no means frequently observed) have been reported in the *Ophthalmic Review* (i. 79).—*Med. Times and Gaz.*, Jan. 28, 1865.

51. *Eczema of the Eyelids, Conjunctiva, and Cornea.*—M. Furneaux Jordan, in a paper read before the Royal Medical and Chirurgical Society (Jan. 10, 1865), remarks:—

"Many observers, and especially writers on the diseases of the skin, have considered ophthalmia tarsi to be simply eczema of the lids. Dr. Mackenzie has pointed out that scrofulous, or, as he terms it, phlyctenular ophthalmia, is frequently associated with eruptions on the skin. It is the object of this paper to show that not only ophthalmia tarsi is eczema of the lids, but that granular lids, a peculiar swelling of the subintegumental connective tissue of the lids, lippitudo, strumous ophthalmia, certain forms of simple or catarrhal ophthalmia, keratitis and strumous keratitis, and certain ulcers on the cornea, are merely varieties of eczematous disease. Cases of extreme, firm, indolent, pale or pinkish swelling of the lids occur occasionally, the only cause of which is eczema of the margins of the lids. The eczema may be very slight, or it may pass away quickly, and leave only the swelling behind. Unchecked eczema of the eyelids terminates in lippitudo, just as persistent and progressive eczema of the cornea produces pannus. Both these conditions are analogous to the eczematously red, swollen, and moist condition of the skin which may persist for an indefinite period. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as chronic eczema. The several stages of pimple, vesicle, ulcer, or thickened patch, admit of indisputable demonstration. In acute eczema of the conjunctiva, there is for a few days a uniform scarlet colour; then a crowd of vesicles, which soon pass away, and leave an irregular or patchy redness—each patch, however ill-defined, having a redder, thicker, and possibly ulcerated centre. These cases have a slight muco-purulent discharge, and are always tedious. If treated as eczema, they speedily recover. The so-called keratitis, or strumous keratitis, is eczema of the cornea. When vesicles, white patches (necessarily white because of the anatomical structure of the cornea), or ulcers occur on the cornea in conjunction with vesicles on the conjunctiva, the term 'scrofulous ophthalmia' is commonly used. If the same pimples (necessarily flat), vesicles, patches, or ulcers occur on the cornea alone, especially near its centre, the term keratitis is applied, notwithstanding the symptoms are similar, and notwithstanding that there is usually, if it be carefully sought for, evidence of eczema of the lids or face, or ears or scalp. The characters of eczema of the cornea are quite as typical as they are of eczema elsewhere. The several varieties of eczema of the cornea, conjunctiva, and lids are combined in a great variety of modes. They are much more frequently combined than not,

and very frequently indeed associated with cutaneous eczema in its favourite localities. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet and alkaline medicines, with a little iron added in most cases. If the lids are affected, as also in pannus, lippitudo, and granular lids, a little of any of the 'eczema ointments' may be used, with the customary attention to details; if much photophobia, a little morphia may be given in the morning."

Mr. BARWELL had no doubt but that any new view of so common a disease would be considered important; but he thought the author had taken too many cases into the grasp of one hand. He (Mr. Barwell) could not think that granular lids and strumous ophthalmia belonged to the same category. He thought the author had not sufficiently distinguished herpetic eruptions from eczema. He was surprised to find the author describing a long treatment by alkalies and iron for a disease like phlyctenular ophthalmia. He considered the disease to be herpetic, and that the photophobia attendant on it might be relieved by treatment in twelve hours. As for the connection of certain ocular affections with eczema, they might arise from similar general conditions of the system, and alkalies might be of use. Yet he should not be inclined to treat phlyctenular ophthalmia on the slow method recommended by the author.—*Med. Times and Gaz.*, Jan. 21, 1865.

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52. *Encephaloid Cancer of the Lachrymal Gland.*—Dr. WILLIAM MACKENZIE, of Glasgow, relates (*The Ophthalmic Review*, Jan. 1865) the following very interesting case of this comparatively rare affection of the lachrymal gland:—

"C. M., an unmarried female, aged 33, when she came under my care had suffered for ten weeks from protrusion of her right eye from the orbit. She could not raise the upper lid completely; the eyeball was depressed, and she could not raise it. A nodulated, but not hard, tumour was felt in the seat of the lachrymal gland. She made no complaint of pain. The vision of the right eye was dim, so that she could read only slowly with it. Before I saw her she had had pain under the right short ribs, for which she had been leeched and blistered.

"The application of leeches over the swelling in the orbit, solution of iodide of potassium internally, and the use of the same medicine externally, in the form of an ointment, having had no effect, I proceeded to extirpate the gland. It proved quite soft and brain-like. After its removal, the finger could be passed easily far into the orbit.

"A few days after the operation, from which the patient recovered well, she pointed out to me a firm cancerous mass under and attached to the skin between her left mamma and the axilla, and two similar masses under the skin of the abdomen. She had said nothing of these tumours to me before the operation. This shows the propriety of our inquiring of patients presenting any tumour in the orbit whether anything similar exists in any other part of their body.

"Soon after going home to the country, this patient was seized with partial hemiplegia of the left side, the lower extremity being unaffected. A firm tumour began also to show itself beneath the right orbital arch, without pain, but with much tumefaction and discoloration of the upper lid, the eyeball protruding considerably, and vision lost.

"On reading a case of fibro-plastic tumour of the orbit, recorded by Mr. Laurence in his work on *The Diagnosis of Surgical Cancer* (2d edition, p. 26), and which occurred in University College Hospital, under the care of Mr. Quain, I was struck with its resemblance to the cases of chloroma of the lachrymal gland which I have related, or to which I refer, in the 4th edition of my *Practical Treatise on Diseases of the Eye*, although it is not mentioned by Mr. Laurence that the lachrymal gland was the seat of the tumour. On mentioning this to Mr. Laurence, he favoured me with the following extract from Mr. Quain's own notes, which adds an important fact to the history of the case (certainly the most interesting one of the disease on record), and confirms the conjecture I had formed regarding it.

"'*Nov.* 30, 1853. At present the left eyeball, together with the swollen lids and hypertrophied and indurated lachrymal gland, form a hemispherical protrusion, whose base corresponds nearly with the orbital orifice.